

Name  
in  
Full

Lewis Anthony

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Washington</u>		Town	County <u>D.C.</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>11</u>	Day <u>16</u>	Years <u>70</u>	Age <u>70</u>	Months <u>1</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>black</u>	Birth-place <u>D.C. &amp; Md</u>				
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Mary Anthony</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Mary Anthony</u>			Father's Name <u>John Anthony</u>	Father's Birthplace <u>D.C.</u>	
Mother's Maiden Name <u>Mary Jackson</u>			Mother's Name <u>John Anthony</u>	Mother's Birthplace <u>D.C.</u>		
Name of person giving information <u>Sadie J. Anthony</u>			How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

musclerosis

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. Rogers Myers

Accident or Suicide?



Name  
in  
Full

Sarah N. Barrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Downdy	Downdy		Downdy			
Date of death	Month	Day	Years	Age	Months	Days
1905	Nov	30	69	69		
Sex	Color or Race		white		Birth-place	
Female					Md	
Occupation	Where Residing if not at place of death			Downdy		
Housewife				Downdy		
Married, Single or Widowed	Name of Wife or Husband		IWC Barrell			
None	IWC Barrell					
Father's Name	Name of Wife or Husband			Father's Birthplace		
Hynson Kirk				Md		
Mother's Maiden Name	Name of Wife or Husband			Mother's Birthplace		
Sarah Kirk				Md		
Name of person giving information	Name of Wife or Husband			How related to deceased		
Zoeller Barrell				Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cancer

45

How long

about year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

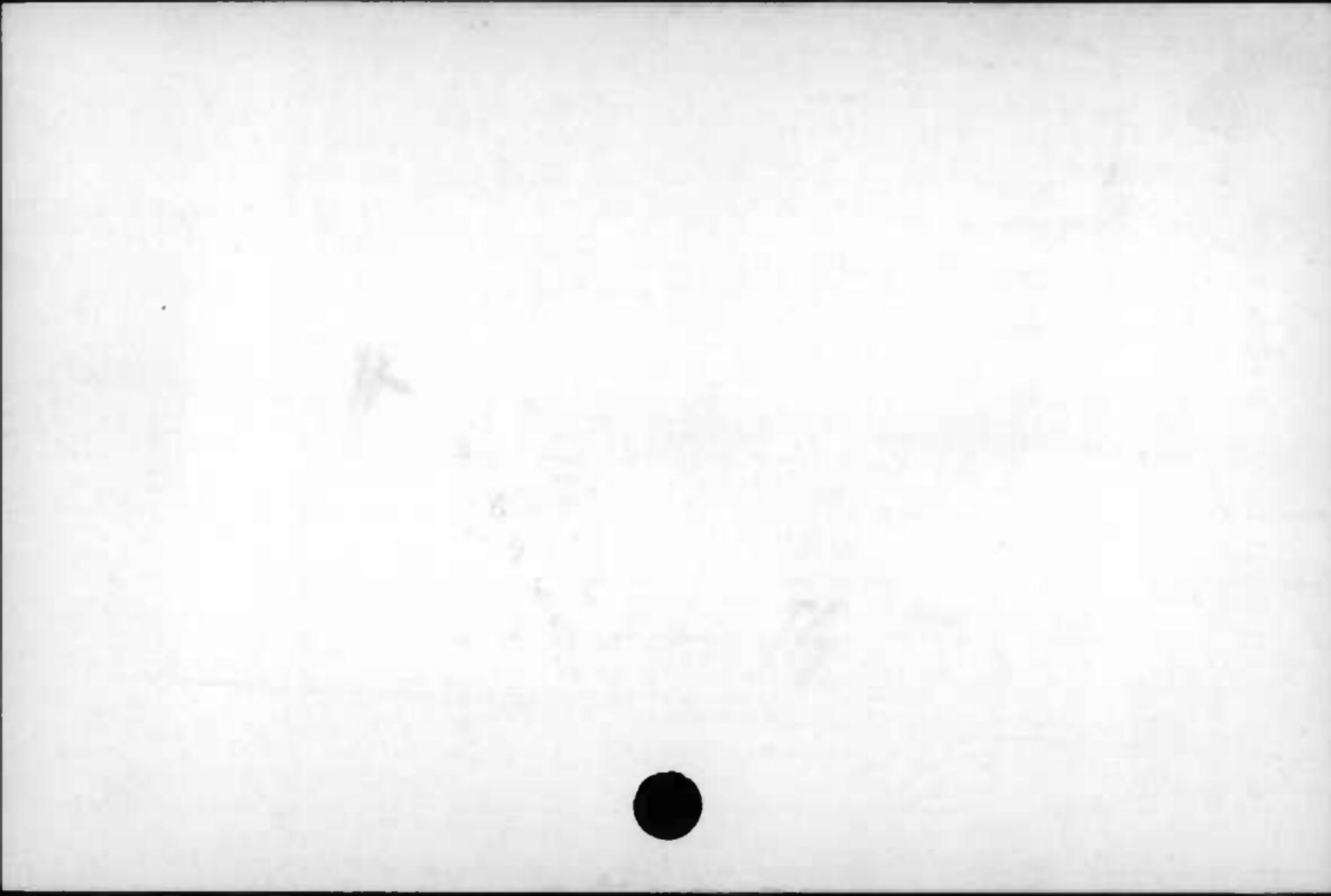
yes

Signature of Physician

Address

John Moore  
Downdy Md

Accident or Suicide?



Name  
in  
Full

Hattie Bowley

CERTIFICATE OF DEATH

TO BE ANSWERED BY

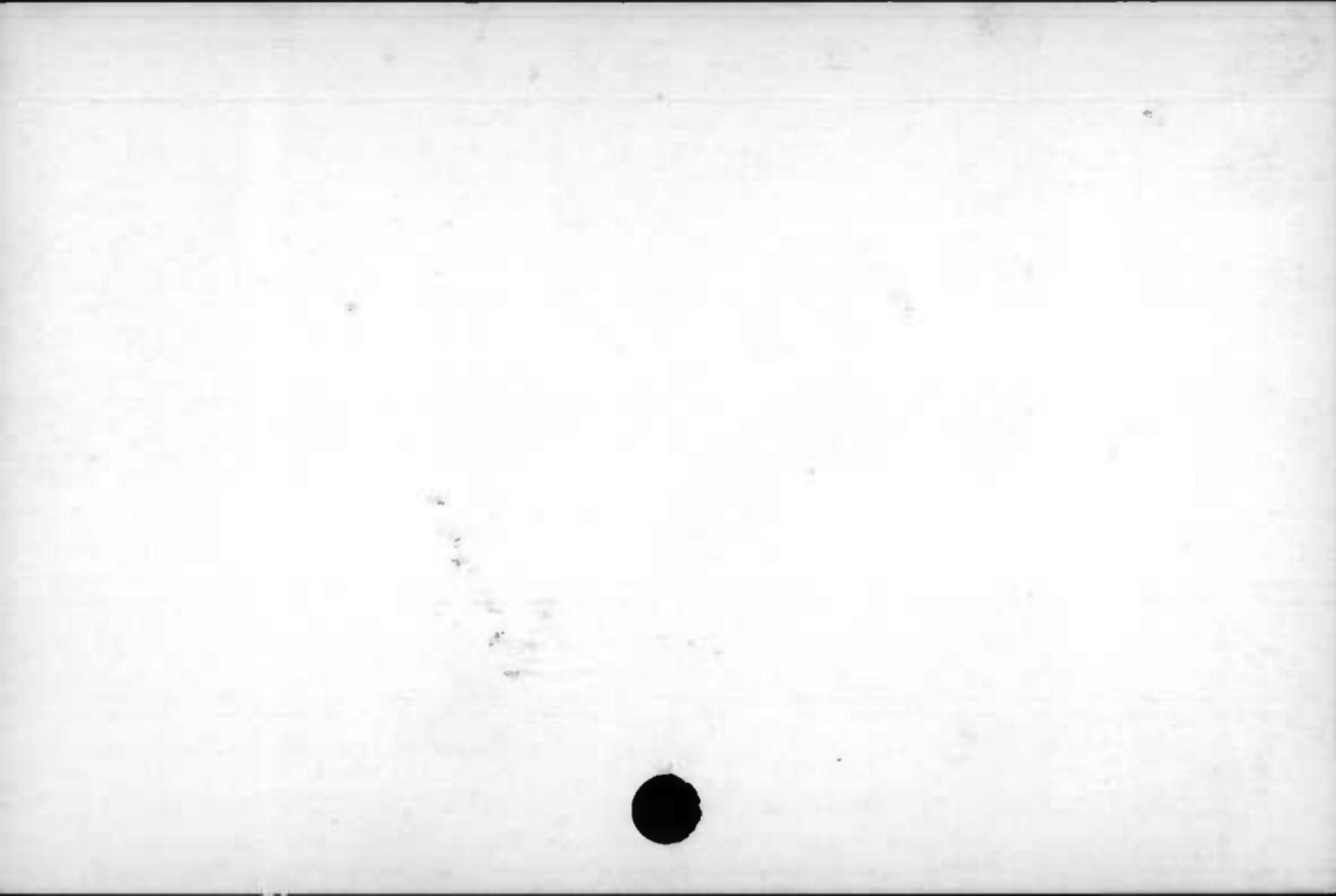
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1901	Month Jan	Day 30	Years 18	Munths 10	Days 5
Sex	Female	Color or Race	Colored		Birth-place	Dr. G. Ind.
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband		Father's Birthplace	Dr. G. Ind.
Father's Name	John H. Bowley				Mother's Birthplace	Dr. G. Ind.
Mother's Maiden Name	Annie Henry				How related to deceased	Father
Name of person giving information	John H. Bowley					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Phthisis		How long	8 months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Mary Stelle	
		Address	Cambridge Ind.	
Accident or Suicide?				



Name  
in  
Full

Margaret Ann Cephas

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cambridge	Dorchester			
Date of death	Month	Day	Years	Months	Days
1905	Nov	26th	Age		
Sex	Female	Color or Race	Colored	Birth-place	Dorchester
Occupation	House Servant				
Married, Single or Widowed	Married	Name of Wife or Husband	Daind Cephas		
Father's Name	Isaac Tilziger				
Mother's Maiden Name	Mary Banks				
Name of person giving information	Mary Banks				
	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Solar Pneumonia

How long

Three weeks

Immediate

Cardiac Failure

How long

Several days

Are the name, age, sex, color, date and place correctly given above?

Yes

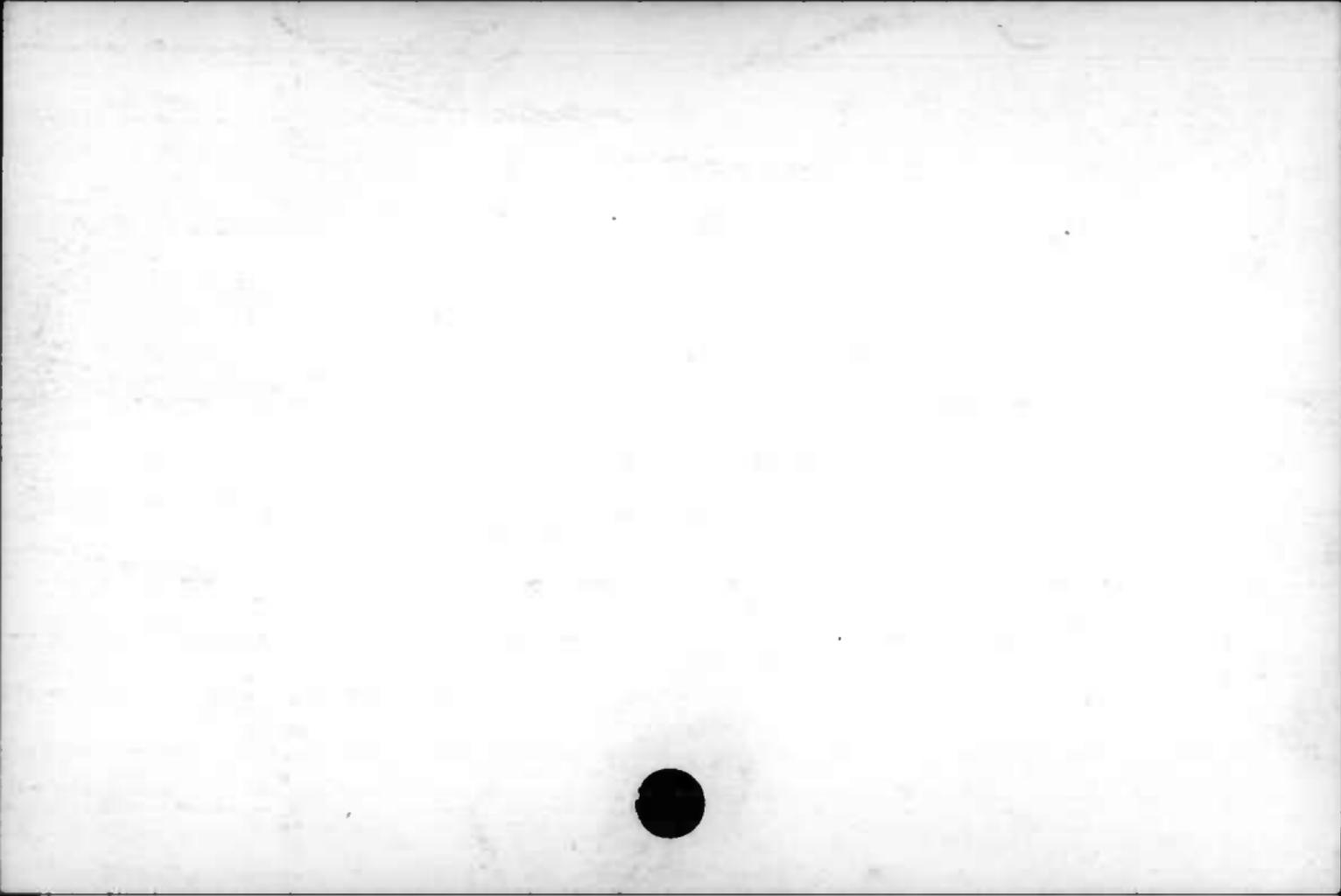
Signature of Physician

Lester P. Reynolds MD

Address

Cambridge, Md.

Accident or Suicide?



## Name

in  
Full

Martenia Elbert

## CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1905	Nov	3	one	one	8		
Sex	Female	Color or Race	Isolard		Birth-place	E. N. Market	
Occupation	None	Where Residing if not at place of death					

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John W Elbert

Father's Birthplace

Dorchester

Mother's Maiden Name

Penie Wheeler

Mother's Birthplace

Name of person giving Information

John W Elbert

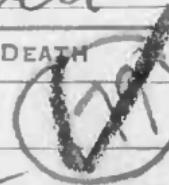
How related to deceased

Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pecking  
doubt now

How long

3 Months

Immediate

not fully understood

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

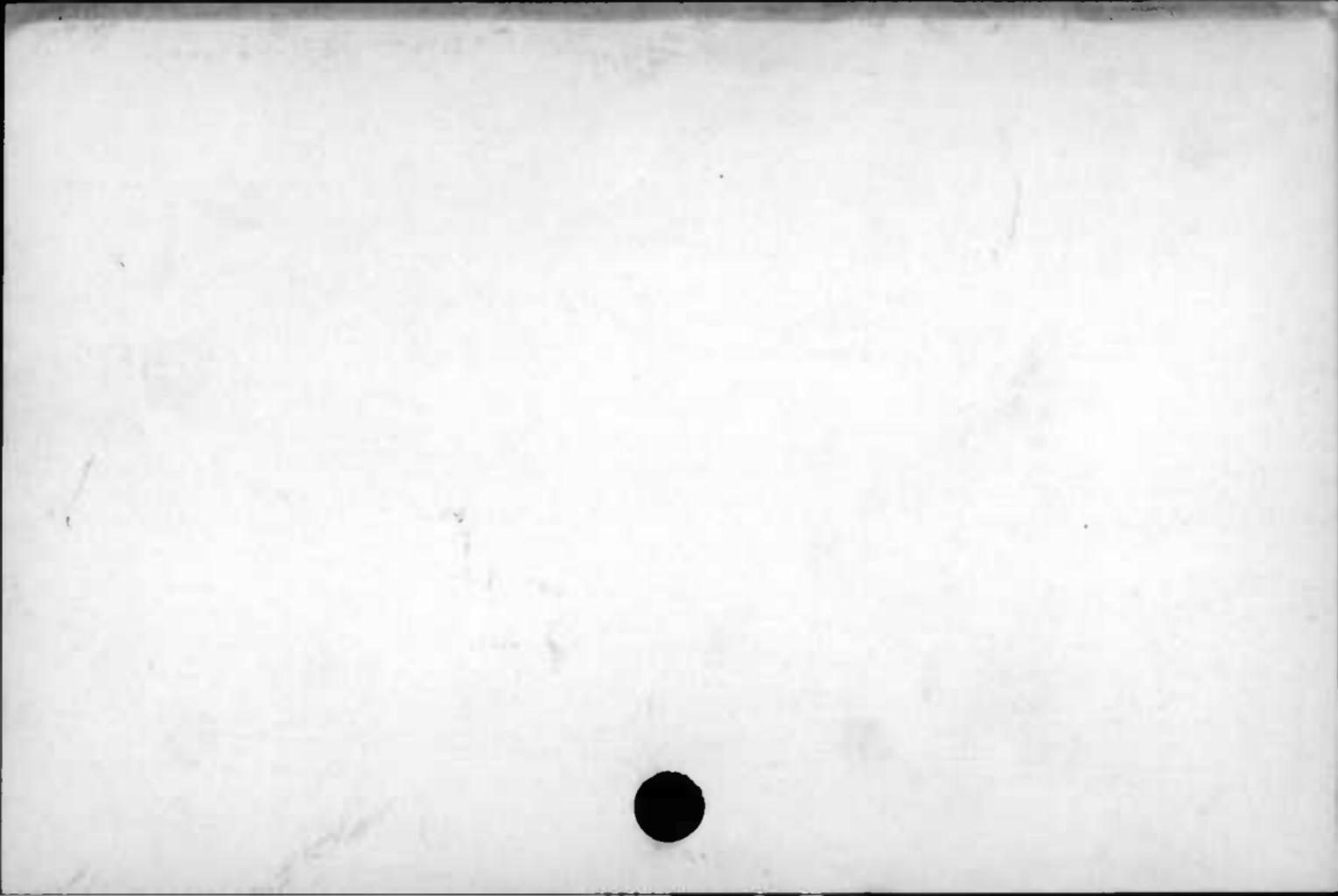
None

Address

East New Market - Md.

Yes

Accident or Suicide?



Name  
in  
Full

Draper Jackson V

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death	1905	Month Nov	Day 1	Years 55	Months —
Sex	male	Color or Race	Black	Birth-place	Dor. Co
Occupation	Former		Where Residing if not at place of death	EMmokes M.D.	
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth	Father's Birthplace	Don't know
Father's Name	Henry Jackson			Mother's Birthplace	Don't know
Mother's Maiden Name	Don't know			How related to deceased	daughter
Name of person giving information	Magdal Jackson				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever

How long

3 weeks

Immediate

Cardiac asthma

How long

Are the name, age, sex, color, date and place correctly given above?

yes

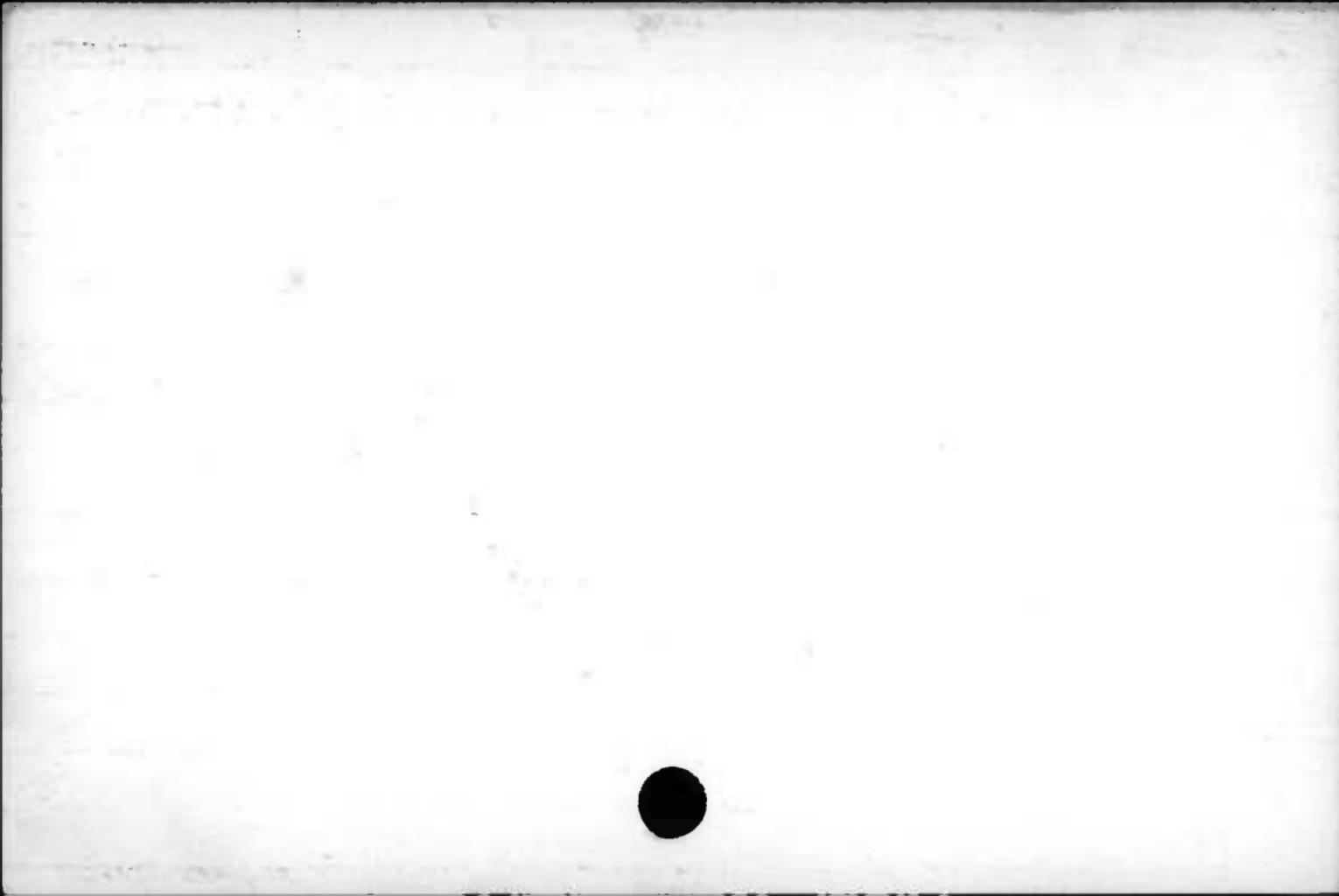
Signature of Physician

Ed. L. Jones

Address

5. N. W. - New York.

Accident or Suicide?



Name  
in  
Full

Mary Lena Jones

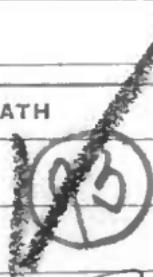
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Cambridge</u>		Town	County <u>Dorchester</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>11</u>	Day <u>29</u>	Age <u>4</u>	Years	Months <u>3</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>BLK</u>			Birth-place	<u>Md.</u>	
Occupation <u>clerk</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>John Jones</u>				Father's Birthplace	<u>Md.</u>	
Mother's Maiden Name <u>Emma —</u>				Mother's Birthplace		
Name of person giving information <u>Emma Jones</u>				How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia  How long

Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above?

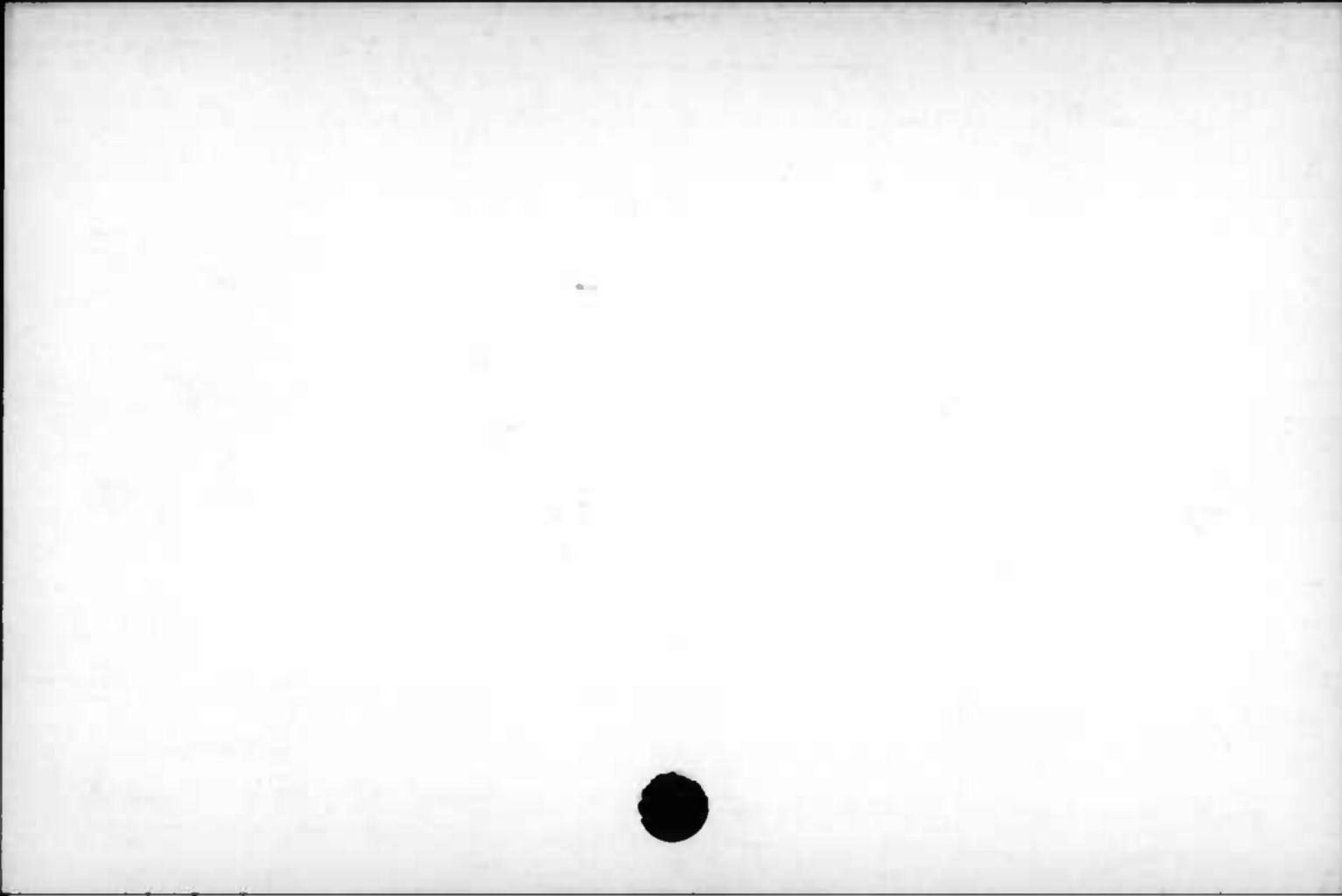
yes

Signature of Physician

Address

E. Wolff M.D.  
Cambridge, Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Margaret I. Jones

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Nov	27	75			
Sex	Female	Color or Race	white	Birth-place	Cambridge	
Occupation	Where Residing if not at place of death					
Housewife	Cambridge					
Married, Single or Widowed	Name of Wife or Husband		James Jones			
Widowed	Radcliffe		Md			
Father's Name	Mother's Birthplace					
—	—					
Mother's Maiden Name	Mother's Birthplace					
—	—					
Name of person giving information	How related to deceased					
Maggie Sewell	Daughter					
CAUSES OF DEATH						

PHYSICIAN  
OR CORONER

Primary

Paralysis, with Bright's

How long

abt. 36 hours

Immediate

extreme

How long

—

Are the name, age, sex, color, date and place correctly given above?

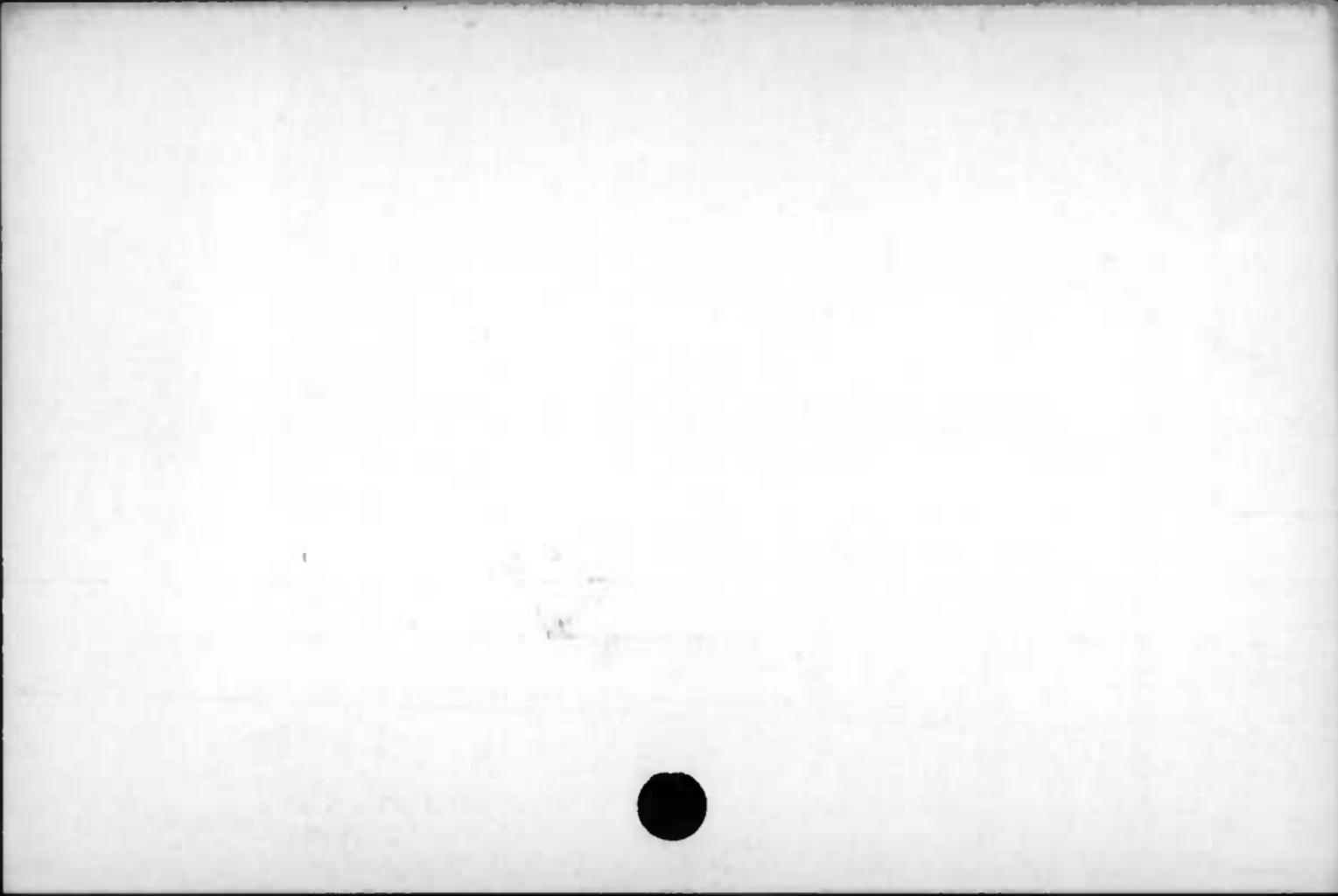
yes

Signature of Physician

Address

John More,  
Cambridge, Md

Accident or Suicide?



Name  
in  
Full

Sonnie See

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Cambridge	Town	Worcester	County	MARYLAND							
Date of death	1905	Month	26	Day	Age	3	Years	2	Months	17	Days	
Sex	Female	Color or Race	Colored	Birth-place	Cambridge, Md							
Occupation	Isil	Where Residing if not at place of death										
Married, Single or Widowed	single	Name of Wife or Husband										
Father's Name	Charles Chase	Father's Birthplace	Dr. C. M. M.									
Mother's Maiden Name	Mary F. See	Mother's Birthplace	Dr. C. M. M.									
Name of person giving Information	Mary F. See	How related to deceased	Mother									

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia  
Immediate Exhaustion

93

How long  
3 mos

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Lucy Stark but Register

Address

Cambridge, Md

Accident or Suicide?

Only saw child afternoon no other child of the same age seen here

a

b

c

d



Name  
in  
Full

Emerson T. McAllister ✓

CERTIFICATE OF DEATH

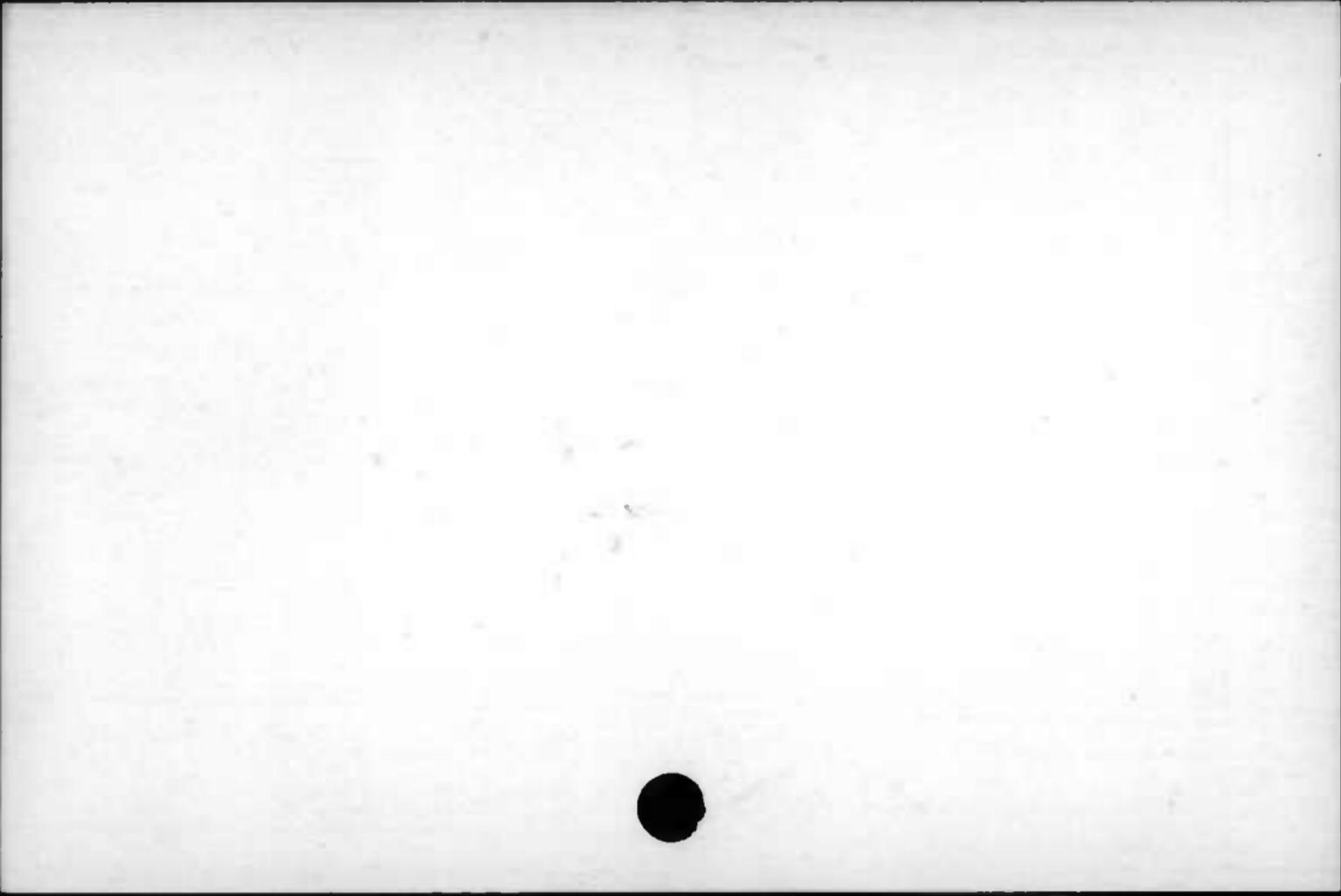
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace	Dr. C. H. C.
Father's Name	Clayton M. McAllister			Mother's Birthplace
Mother's Maiden Name	Helen A. Houghigan			Dr. C. H. C.
Name of person giving information	Helen A. McAllister			How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Monasmus	✓ 19	How long
Immediate	Exhaustion		all of life
Are the name, age, sex, color, date and place correctly given above?		Y/P	How long
		Signature of Physician	tray still
		Address	Cambridge Md.
Accident or Suicide?			



Name  
in  
Full

Mary L Merges

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Paulsley		Dorchester				
Date of death	1908	Month Nov	Day 27	Years 29	Months	Days
Sex	Female	Color or Race	White	Birth-place Talbot Co Md		
Occupation Housewife			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		George O. Merges		
Father's Name		Jane P. Bryant		Father's Birthplace Pa.		
Mother's Maiden Name		Etta Moore		Mother's Birthplace Pa		
Name of person giving information		Mary A. Merges		How related to deceased Mother-in-Law		

CAUSES OF DEATH

Primary

Tuberculosis Pulmonary & Intestinal

How long

Not one year

Immediate

Ex haemoptysis

How long

Some days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

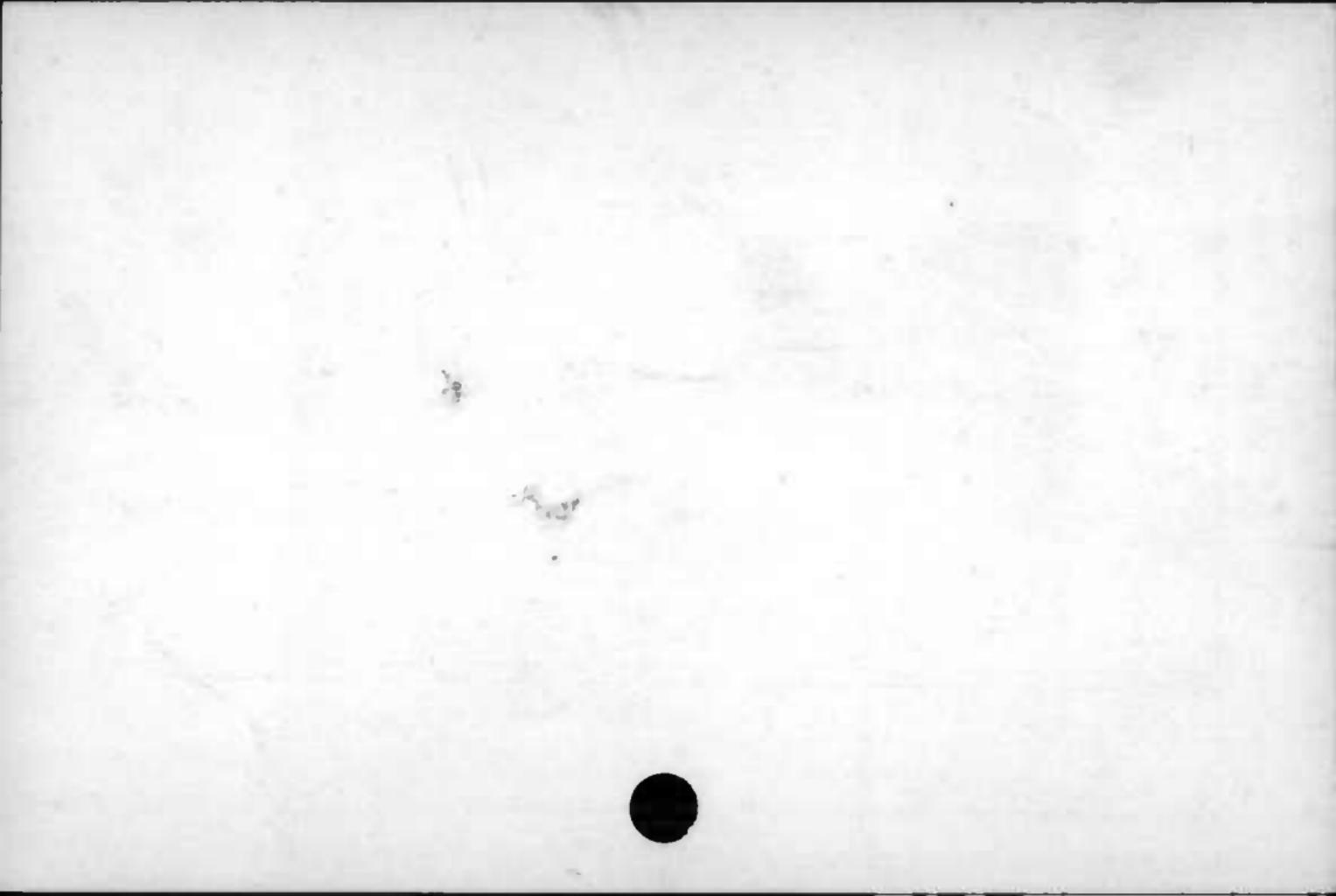
Signature of Physician

BW Goldsborough

Address

Paulsley Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

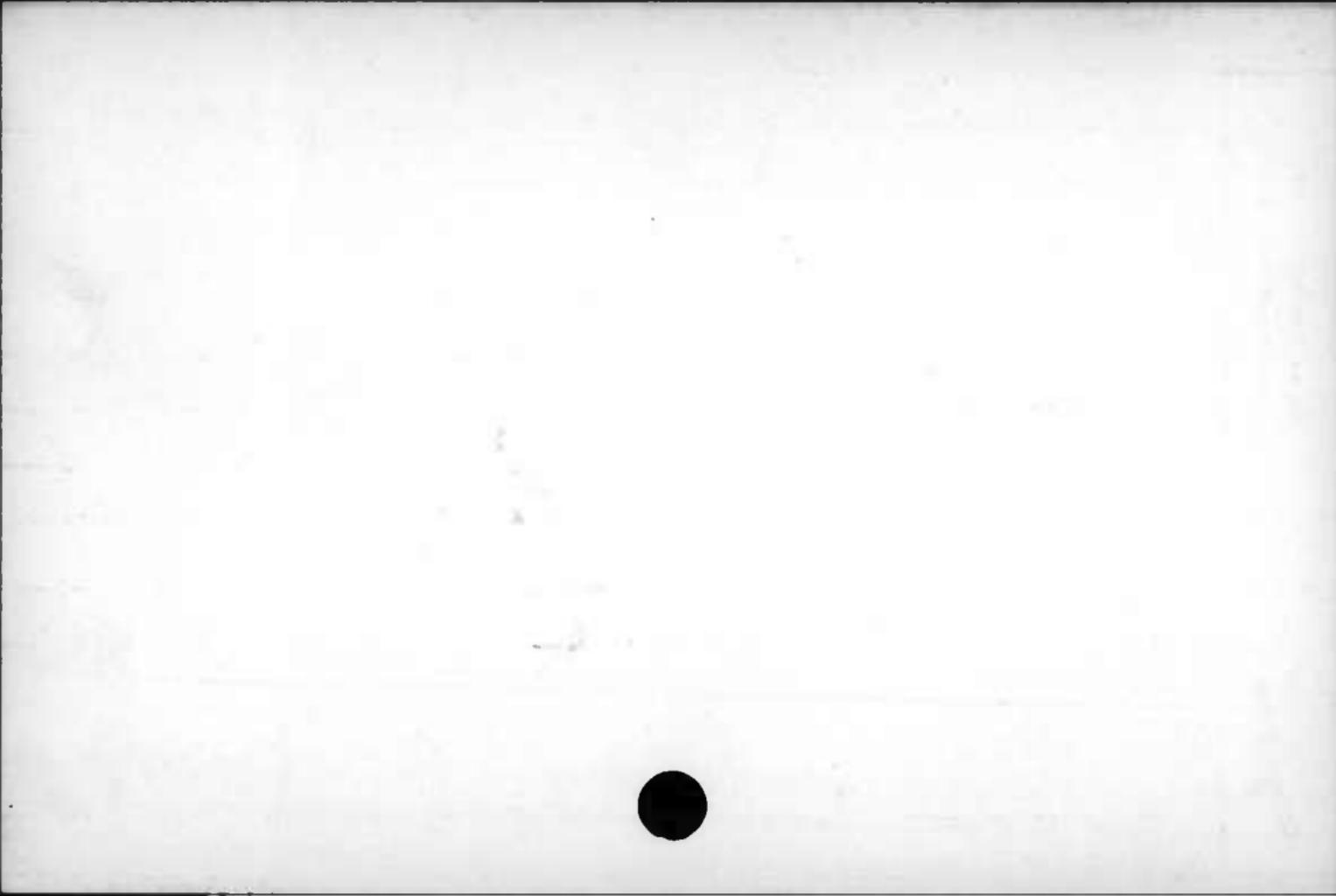
CERTIFICATE OF DEATH

Died at <u>James</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905 Nov</u>	Month <u>Nov</u>	Day <u>23</u>	Age <u>3</u>	Years <u>3</u>	Months <u>9</u>	Days <u>20</u>		
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>—</u>		Birth-place <u>James Md</u>				
Married, Single or Widowed <u>—</u>								
Name of Wife or Husband <u>—</u>								
Father's Name <u>James A Messick</u>					Father's Birthplace <u>Thomas Md</u>			
Mother's Maiden Name <u>Mary E Thomas</u>					Mother's Birthplace <u>Thomas Md</u>			
Name of person giving Information <u>Eli Figgs</u>					How related to deceased <u>None</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute catarrhal laryngitis</u>	How long <u>2 days</u>
Immediate <u>Acute catarrhal bronchitis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S A Stokes M.D.</u>
	Address <u>6 Ambudge</u>
Accident or Suicide? <u>—</u>	<u>md</u>



Name  
in  
Full

Mrs. W. Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	male	Color or Race	nr.			
Occupation	Laborer		Where Residing if not at place of death	✓		
Married, Single or Widowed	Name of Wife or Husband		Lily. B. Moore			
Father's Name	Ephraim. Moore		Father's Birthplace	Maryland		
Mother's Maiden Name	don't know		Mother's Birthplace	Maryland		
Name of person giving information	Lily. B. Moore		How related to deceased	wife		

CAUSES OF DEATH

Primary respiration  
Immediate Ex. extirp

How long 20  
How long 4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

6200 24th and 7th

Address

Accident or Suicide?

2



Name  
in  
Full

Marguerita O. North

CERTIFICATE OF DEATH

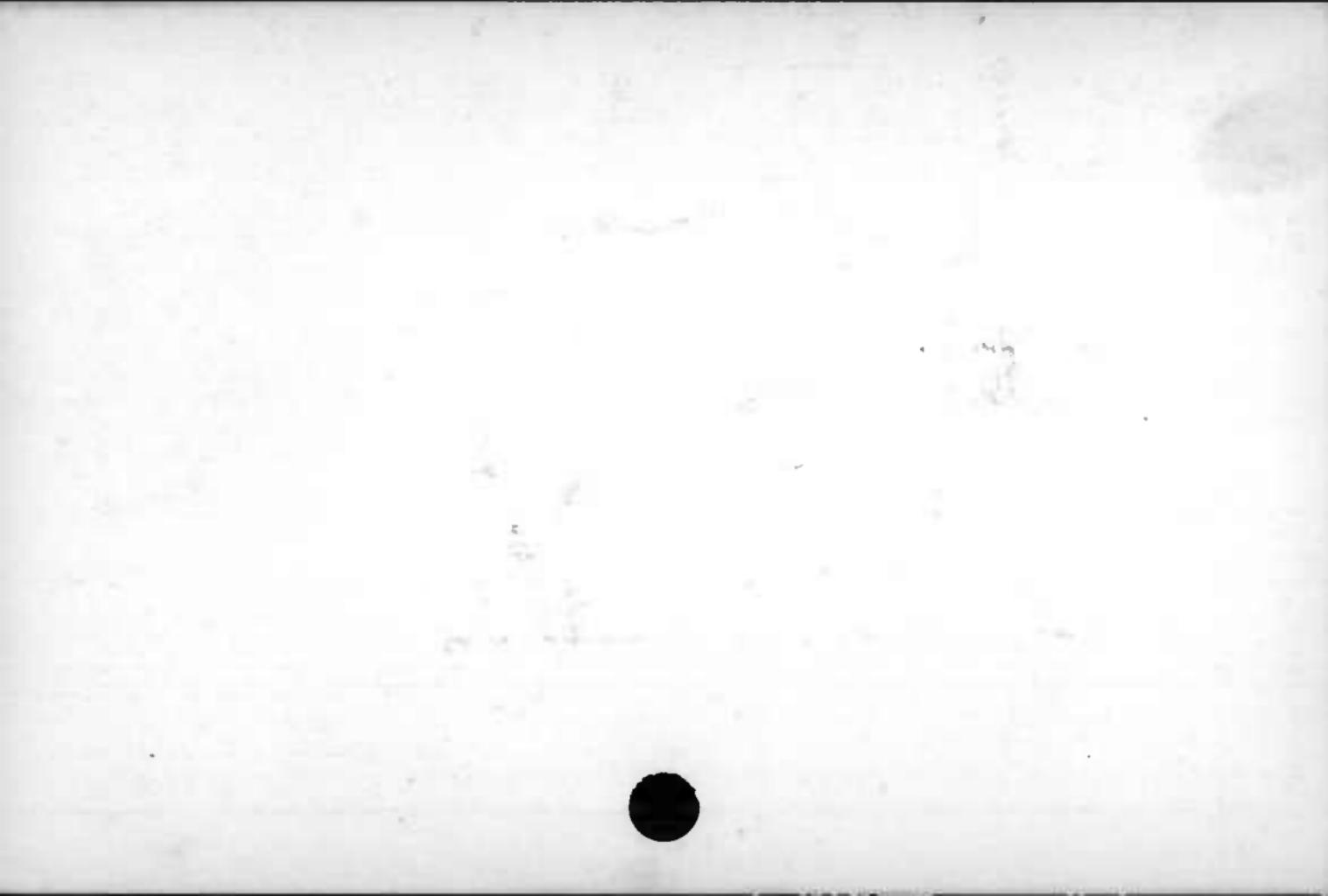
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Fishing Creek</u>		County <u>Dorchester</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Mar</u>	Day <u>29th</u>	Years <u>8</u>	Months <u>3</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Dorchester</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>John H. North</u>	Father's Birthplace <u>Dorchester</u>				
Mother's Maiden Name <u>Betty C. Tyler</u>	Mother's Birthplace <u>Dorchester</u>				
Name of person giving information <u>John H. North</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>from exposure</u>	How long <u>12 days.</u>
<u>Malaria - relapse - Pericarditis</u>	How long <u>3 days</u>
Immediate <u>acute nephritis, malaria</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	Address
Accident or Suicide?	



Name  
in  
Full

Serita singer Borneezer Pickett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bucktown</u>		Town <u>Wellesley</u>		County <u>Maryland</u>	
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>18</u>	Age <u>2</u>	Years <u>2</u>	Months <u>6</u>
Sex <u>Female</u>	Color or Race <u>Caucasian</u>	Birthplace <u>Bucktown</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Ed. Pickett</u>			Father's Birthplace <u>On. Corvid.</u>		
Mother's Maiden Name <u>Emma J. Davis</u>			Mother's Birthplace <u>On. Corvid.</u>		
Name of person giving information <u>Ed. Pickett</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

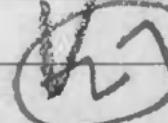
PHYSICIAN  
OR CORONER

Primary Inflammation  
Immediate Ehaertion

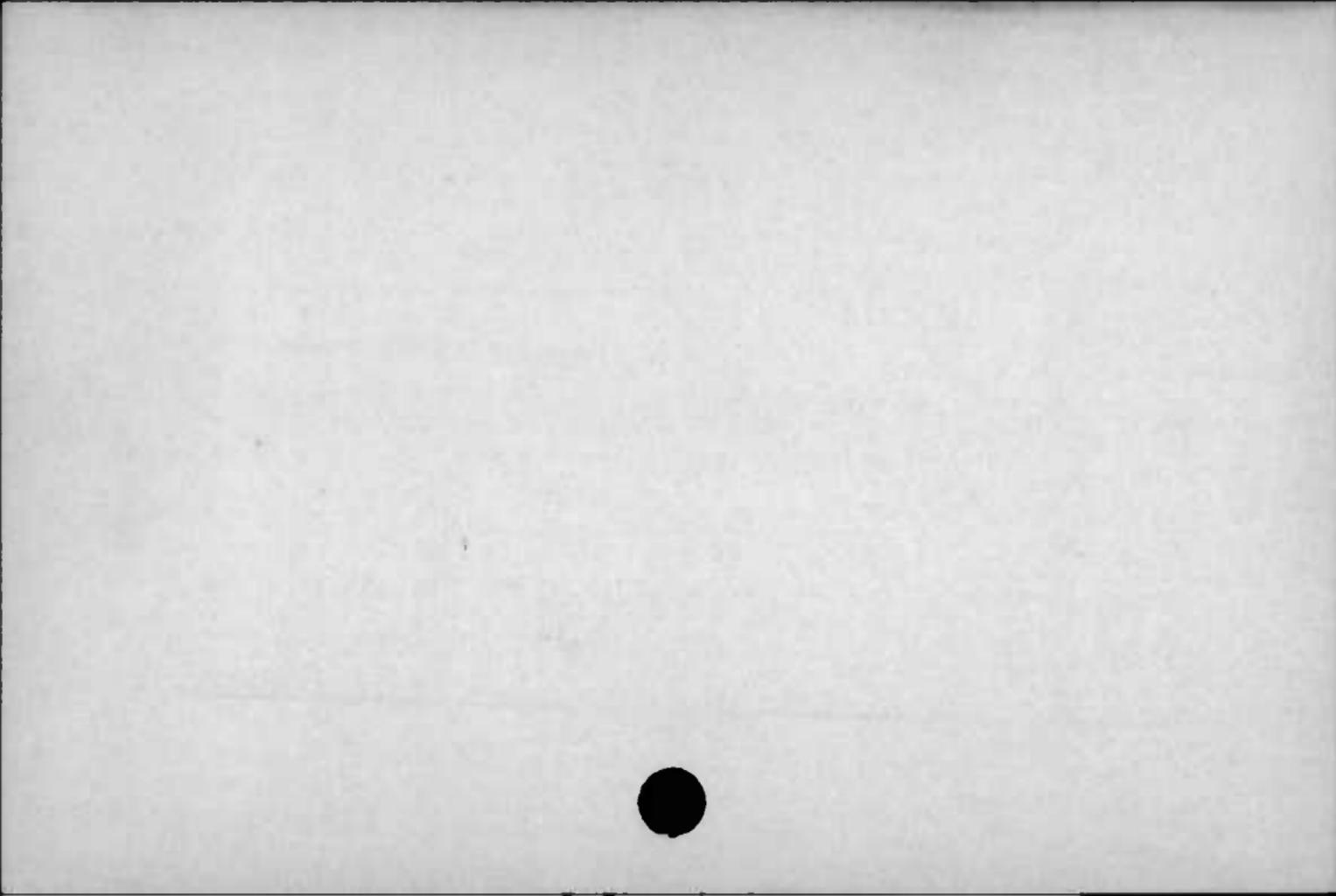
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

  
Ed Pickett Father  
Bucktown Md.

Accident or Suicide?



Name  
in  
Full

Wittta W. Richardson ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905 Nov	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Age	46		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Elarne S. Richardson				
Father's Name	Thos. J. Jones					Father's Birthplace	Church Creek
Mother's Maiden Name	Angeline Slaven					Mother's Birthplace	Lakesville
Name of person giving Information	Elarne S. Richardson					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Hemorrhage

100

How long  
Some months

Immediate  
& Laughter

How long  
A few weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

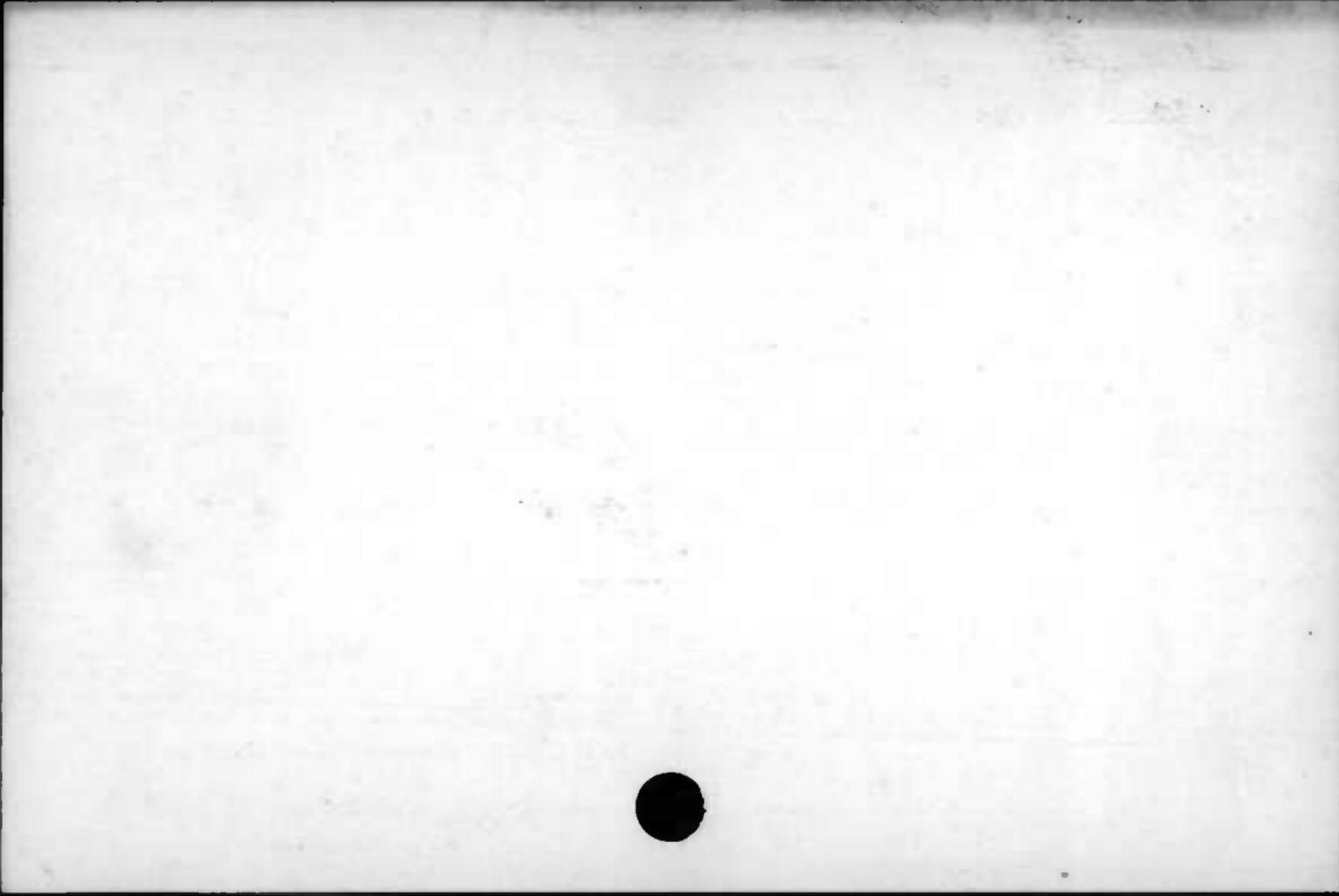
Signature of Physician

Bon Goldsbrough

Address

Cambage Md

Accident or Suicide?



Carl A. Seidler

Town

County

Died at East New Market, Dor.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date

1905-11-19

Age

60

12

Germany

Farmer

Male

White

Married

Female

Colored

Single

Widower

Number of children living

7

Husband

of

Wife

Father's

Name

Annie Seidler

Mother's

Name

Dont go

Cause of

Primary

Laudanum Poisoning

How long sick

10 hours

Death

Immediate

Heart failure &amp; fainting

Accident, Suicide, Homicide

Reported by

Victor &amp; Fitch

Address

East New Market

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
In  
Full

John Edward Seward

CERTIFICATE OF DEATH

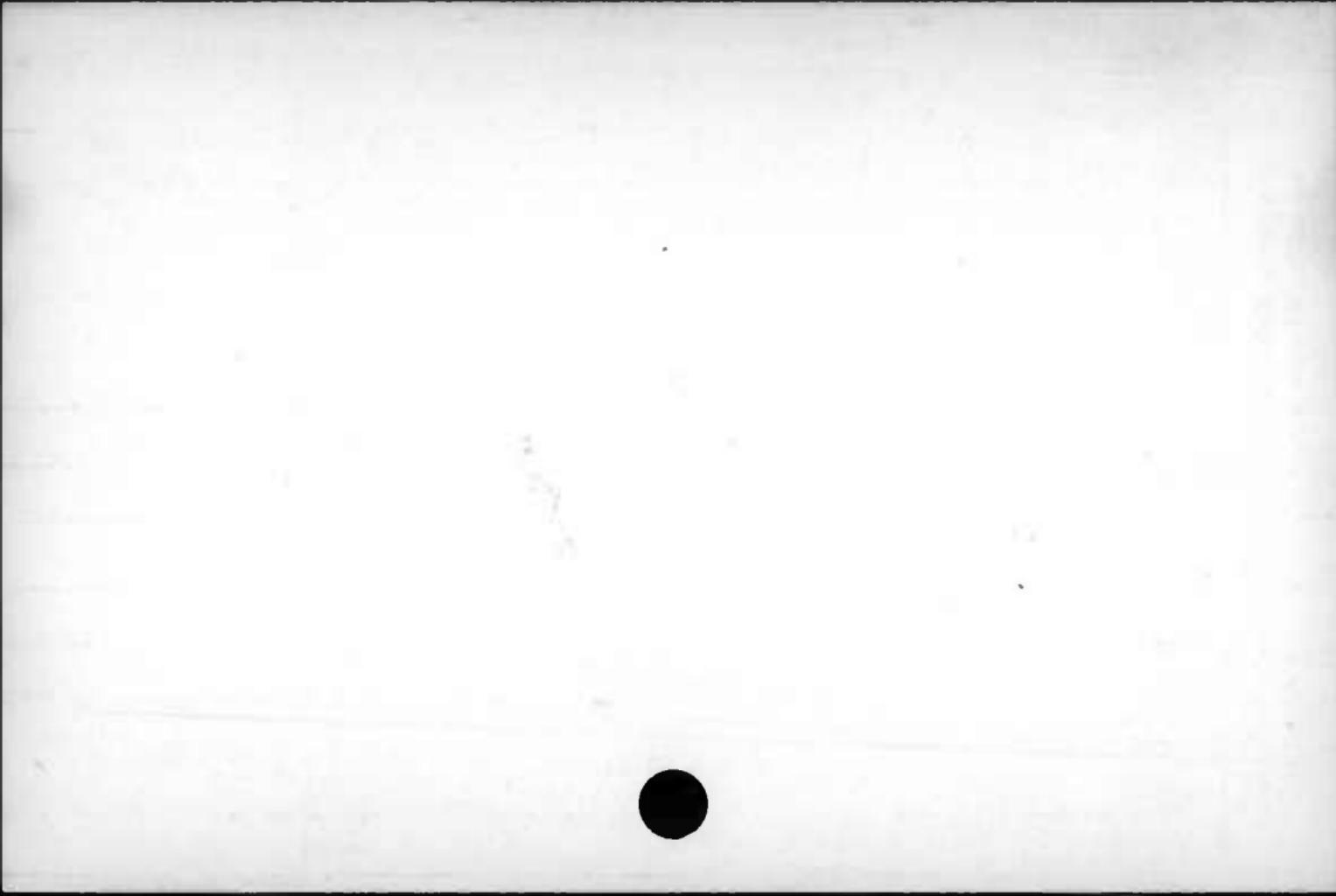
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Occupation	Birth-place			
Married, Single or Widowed	Married	Farmer				
Name of Wife or Husband	Catharine Seward					
Father's Name	Mrs. J. Seward		Father's Birthplace	James		
Mother's Maiden Name	Sarah E Elliott		Mother's Birthplace	—		
Name of person giving Information	J. H. Seward		How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intestinal tuberculosis	
Immediate	2 mos	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	S A Stokes R #5 #5 Cambridge	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dorothy alias Shupley				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1905	Month 11	Day 29	Years 1	Months 4	Days 10
Sex	female	Color or Race	white	Birth-place	Chestertown Md	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Homer Shupley		Father's Birthplace			Baltimore Md
Mother's Maiden Name	Mamie E Sayeon		Mother's Birthplace			White Haven Md.
Name of person giving information	H. C. Shupley		How related to deceased			father

CAUSES OF DEATH

Primary

lethargy

(B)

How long

two weeks

Immediate

Bronch pneumonia

How long

one week

Are the name, age, sex, color, date and place correctly given above?

yes

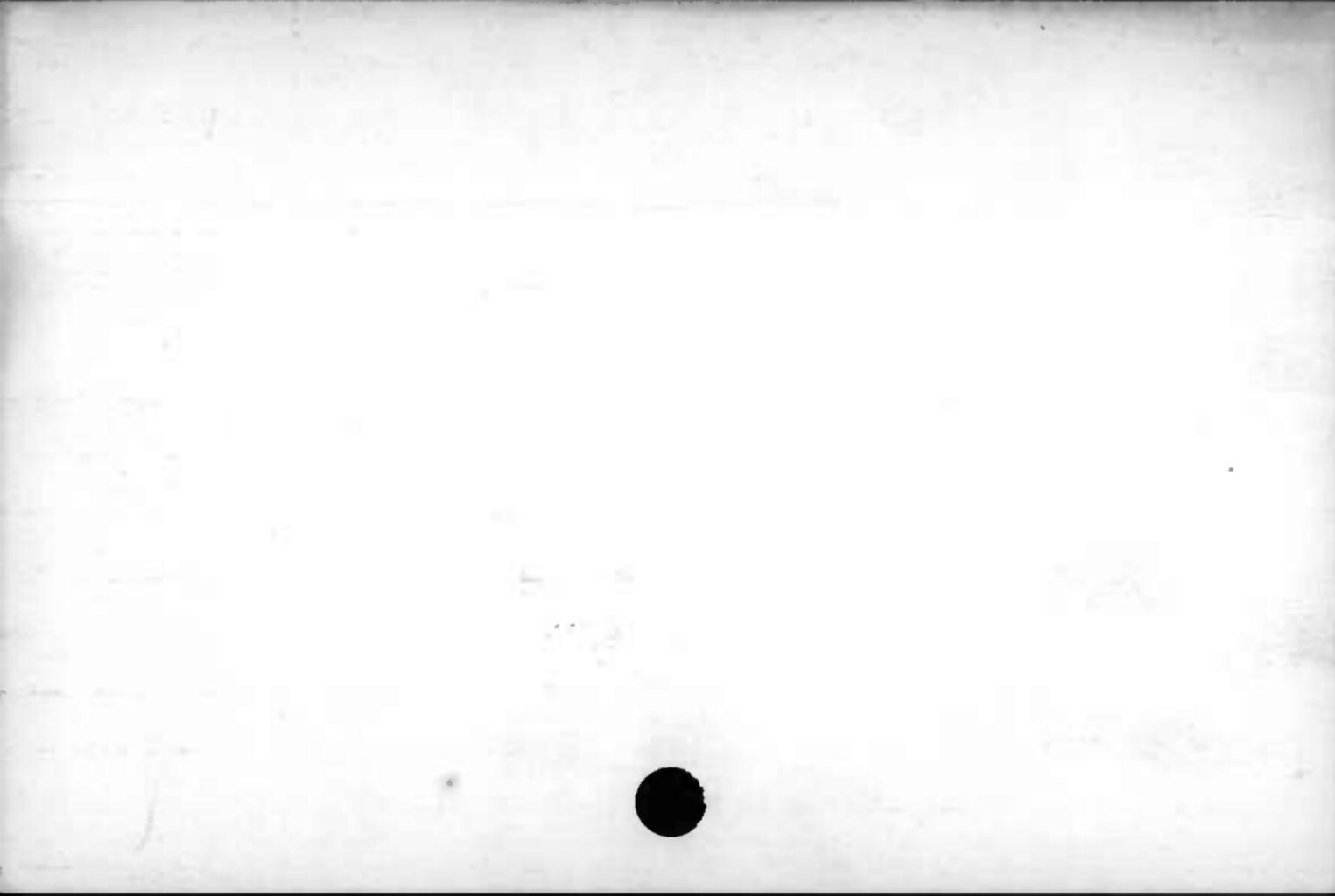
Signature of Physician

Address

G. Roger Myers M.D.  
Hawthorne Md

Accident or Suicide?

✓



Name  
in  
Full

Mathel E Shirling ✓

CERTIFICATE OF DEATH

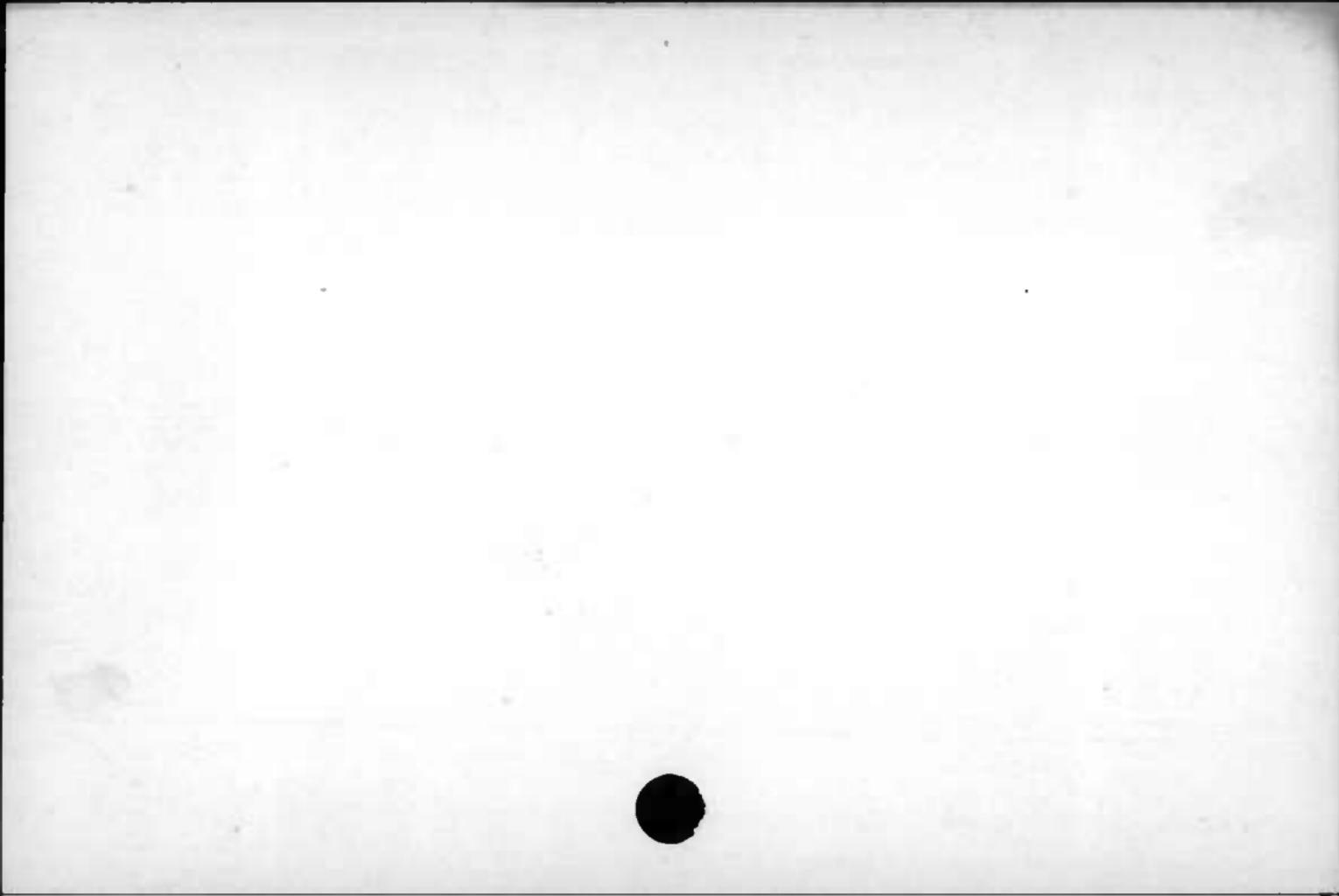
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Caulfield</u>		Town <u>Dorchester</u>		County <u>MARYLAND</u>	
Date of death <u>1905</u>	Month <u>November</u>	Day <u>13</u>	Age	Months <u>9</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Caulfield, Ma</u>			
Occupation <u>—</u>		Where Residing if not at place of death			
Married, Single or <del>Widowed</del>	Name of Wife or Husband				
Father's Name <u>Thos Ed Shirling</u>	Father's Birthplace <u>Somerset, Pa</u>				
Mother's Maiden Name <u>Anna Adams</u>	Mother's Birthplace <u>Dorchester, Ma</u>				
Name of person giving information <u>Mrs S E Shirling</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Malaria</u>	<input checked="" type="checkbox"/>	How long <u>Some months</u>
Immediate <u>Exhaustion</u>	<input checked="" type="checkbox"/>	How long <u>After days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>B. W. Edwards</u>
		Address <u>Caulfield, Ma</u>
Accident or Suicide?		



Name  
in  
Full

Lucy J. Stiles

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died <u>Sept 10 Cambridge</u>		Town	Dwelleron <u>Brookhaven</u> County		MARYLAND	
Date of death	1907	Month <u>Sept.</u>	Day <u>13</u>	Years <u>72</u>	Months <u>6</u>	Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>colored</u>			Birth-place <u>Dr. G. Mull</u>		
Occupation <u>Housewife</u>				Where Residing if not at place of death		
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Wm. E. Stiles</u>				Father's Birthplace <u>Dr. G. Mull</u>	
Father's Name <u>Wm. J. Wilson</u>				Mother's Birthplace <u>Dr. G. Mull</u>		
Mother's Maiden Name <u>Mary E. Chase</u>				How related to deceased <u>Mother</u>		
Name of person giving Information <u>Mary E. Chase</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis. Pulmonary &amp; Tonsylar</u>	How long <u>7 months</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Kay Stile</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name  
in  
Full

Annie McDoles

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Madison

Town

County

Dorchester Co

MARYLAND

Date of death 1905

Month

Day

Years

Age

Months

Days

61

7

—

Sex Female

Color or Race

Col.

Birth-place

Dor. Co. Md

Occupation

Housework

Where Residing if not  
at place of death

Madison

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Harry  
Johns Doles

Father's Name

Dorit Knord John Slater

Father's Birthplace

Dor. Co. Md

Mother's Maiden Name

Dorit Knord  
Emeline Tubman

Mother's Birthplace

—

Name of person giving  
Information

Howard Richardson

How related  
to deceased

None

George L. Keene

Son-in-law

CAUSES OF DEATH

Primary

\* Aphoplexy

How long

Suddenly

Immediate



How long

Are the name, age, sex, color, date  
and place correctly given above?

Probably

Signature of  
Physician

P. L. Smith

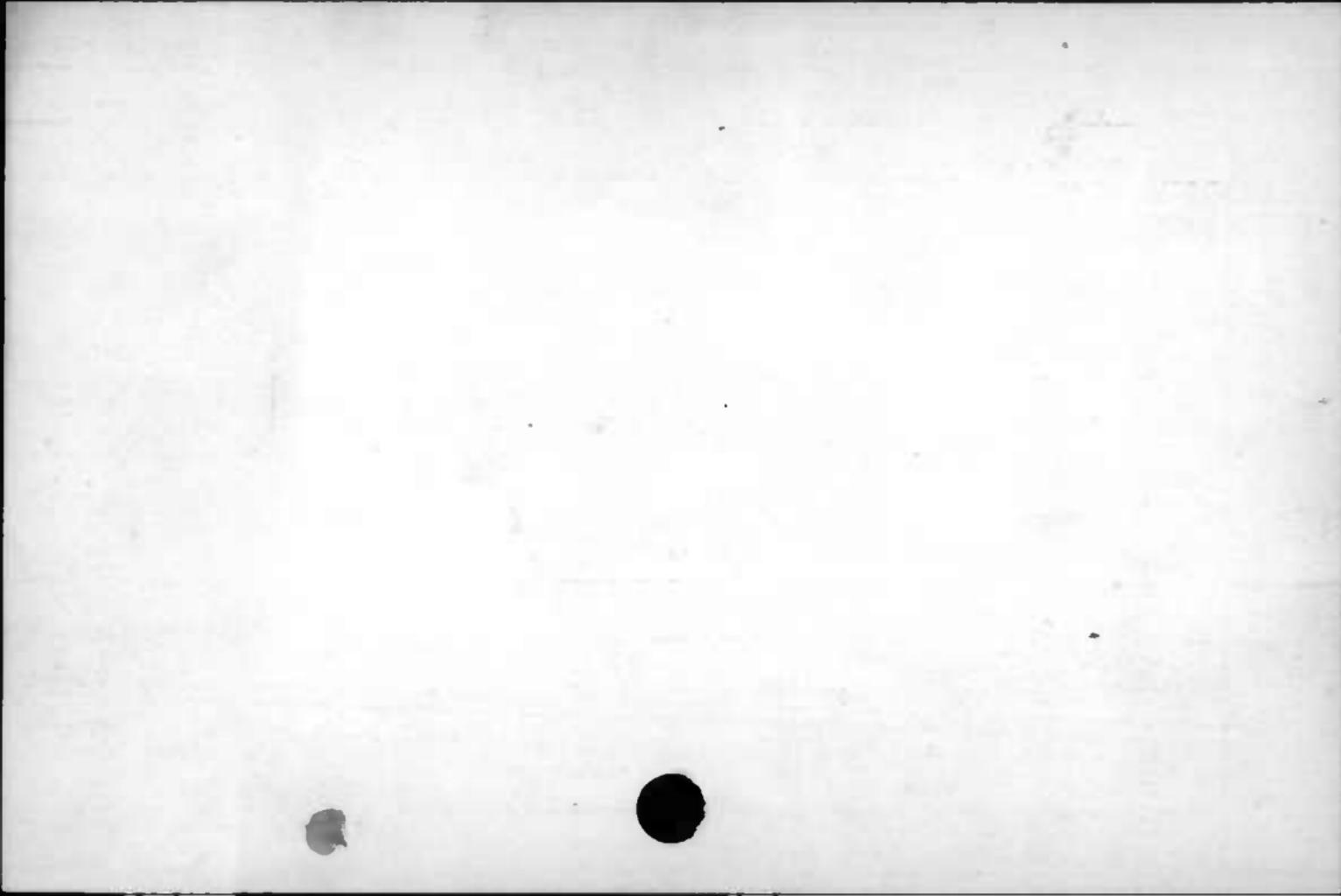


\* Did not attend patient

P. L. S.

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Geo. Harry White ✓

Town

County

MARYLAND

Died at Hoopersville

St. Mary's

Month

Day

Years

Months

Days

Date of death 1905 Nov.

31st

Age - 55 -

- 8 -

- 17 -

Sex

Male

Color or  
Race

White

Birth-  
place

Hoopersville

Occupation

Merchant

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah E. White

Father's  
Name

James W. White

Father's  
Birthplace

Wisconsin

Mother's  
Maiden Name

Lavicia Lewis

Mother's  
Birthplace

Lancaster

Name of person giving  
Information

Mrs. White

How related  
to deceased

wife

CAUSES OF DEATH

Primary

Chronic Intestinal Nephritis Arterio-Sclerosis

How long

2 years.

Immediate

Alcoholism, Delirium Tremens. Impression of Wine, Come

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

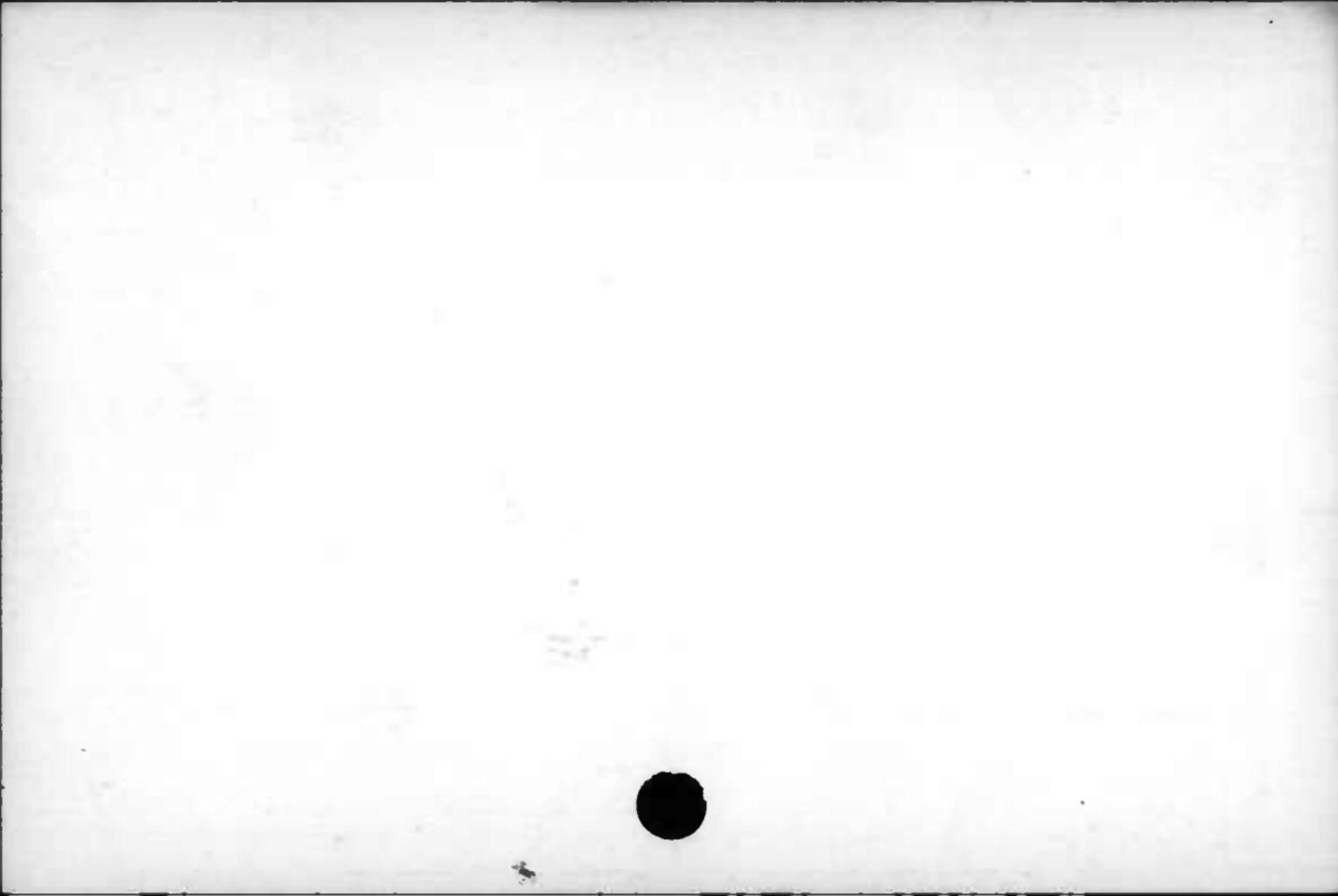
Signature of  
Physician

W.H. Houston M.D.

Address

Fishing Creek Ind.

Accident or Suicide?



Name  
in  
Full

William J Hroten

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lakesville</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905 Nov 11</u>	Month <u>Nov</u>	Day <u>11</u>	Age <u>71</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Lakesville</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Anna Hroten</u>	Father's Birthplace <u>Teraps</u>				
Father's Name <u>John J Hroten</u>					Mother's Birthplace <u>Teraps</u>	
Mother's Maiden Name <u>Sarah Hroten</u>					How related to deceased	
Name of person giving information <u>Thomas Adams</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bunnamia



How long

5-

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. J. Brian Undertaker

Address

1/ Teraps

Accident or Suicide?

